



# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
<b>TO WHOM IT MAY CONCERN</b>	
<b>Maneuver Freight Services Inc.</b>	
<b>160 Queen Mary Drive</b>	
POSTAL CODE	<b>Brampton, ON</b>
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)	
<b>Freight Broker</b>	

4. COVERAGES

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE OR <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY  <input type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES				COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE - EACH OCCURRENCE  PRODUCTS AND COMPLETED OPERATIONS AGGREGATE <input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY  MEDICAL PAYMENTS  TENANTS LEGAL LIABILITY  POLLUTION LIABILITY EXTENSION  NON OWNED AUTOMOBILE		
<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>				BODILY INJURY AND PROPERTY DAMAGE COMBINED  BODILY INJURY (PER PERSON)  BODILY INJURY (PER ACCIDENT)  PROPERTY DAMAGE		
<b>EXCESS LIABILITY</b>  <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				EACH OCCURRENCE  AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/>	Continental Insurance Company 2009098	16/02/07	17/02/07	Contingent Cargo	2000	150000
<input checked="" type="checkbox"/>				E&O	2000	150000
<input checked="" type="checkbox"/>				Valuable Cargoes	2000	50000

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail \_\_\_\_\_ days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS <small>(but only with respect to the operations of the Named Insured)</small>
<b>Waddell Insurance Brokers Ltd.</b>	
<b>110 Matheson Blvd.W, Suite 202</b>	
<b>Mississauga, ON</b>	POSTAL CODE <b>L5R 4G7</b>
BROKER CLIENT ID: <b>MANEU-2</b>	

8. CERTIFICATE AUTHORIZATION	CONTACT NUMBER(S)
ISSUER <b>Waddell Insurance Brokers Ltd</b>	TYPE NO. TYPE NO.
AUTHORIZED REPRESENTATIVE <b>Brian Waddell</b>	TYPE NO. TYPE NO.

SIGNATURE OF AUTHORIZED REPRESENTATIVE DATE **16/02/17** EMAIL ADDRESS **905-712-9400**